

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

37043

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 5554  
 City Lairmont Station 112 Ralston St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 374

**2. FULL NAME**

Flora E. Ripper  
 (a) Residence. No. 112 Ralston St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** ♀ **4. COLOR OR RACE** Wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widow  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Thomas Ripper

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug-31-1865

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.**  
64 3 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home work  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**  
York, Ill

**10. NAME OF FATHER** J. L. Jenkins

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** unknown

**12. MAIDEN NAME OF MOTHER** Kathern Patterson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** unknown

**14. INFORMANT (Address)** Mrs. George P. Blylock  
112 Ralston Street

**15. FILED** 11-11-29 F. L. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov 9 1929

**17. I HEREBY CERTIFY, That I attended deceased from** 11-5- 1929, to 11-9- 1929, that I last saw her... alive on 11-10- 1929, and that death occurred, on the date stated above, at 11 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
131  
82-A (duration) yrs. mos. 14 ds.  
**CONTRIBUTORY (SECONDARY)** Chronic interstitial nephritis (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED?** 12/11  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
 (Signed) W. Allen \_\_\_\_\_, M. D.

11-10- 1929 (Address) Independence

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Highland Park **DATE OF BURIAL** Nov 11 1929

**20. UNDERTAKER** Rose + Henderson **ADDRESS** 15th Jackson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

Dr. Gillmore

My dear Dr. Gillmore